PTO/SB/01 (10-01)
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**DECLARATION FOR UTILITY OR** 

DEGICN

Attorney Docket Number

First Named Inventor

CHOI, Won Hie

PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN					
		Application Number					
	Declaration Submitted after Initial	Filing Date					
Declaration Submitted OR		Art Unit					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e))						
ridig	required)	Examiner Name					
As the below named Inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Non-Spill Water Bottle Cap for Punified Water Dispenser							
(Title of the Invention)							
the specification of which							
is attached hereto							
OR F							
was filed on (MM/DD/YYYY)		es United States A	polication Number	or PCT International			
	<del></del>						
Application Number	and was amended on (MM/DD/YYYY) (if applicable).			(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became evailable between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim (creign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United							
States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breader's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
semontes (a)		(manual tri)					
			H				
			IН				
			l H				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:							
[Page 1 of 2]							

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Pat nt Application

Direct z\(\text{i}\) correspondence to: Customer Number or Ber Code Lubel  OR Correspondence address below						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that within takes statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any potent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name Won-Hie Family Name CHOI first and middle (if any) cr Surname						
Inventor's Confin Chair  Signature  Date  2003. 9. 23						
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Mailing Address						
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NAME OF RECOMB INVENTOR	State A colition ha	ZIP	Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
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Additional inventors are being named on thesupplemental Additional inventor(s) sheet(s) PTO/SB/IZA attached hereto.						

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